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12/16/2005 SFELEKE2 00000078 10081166

BLOOMFIELD HILLS, MI 48303

P.O. BOX 828

APPLICATION NO.

01 FC:1501 02 FC:1504 1400.00 OP 300.00 OP

FILING DATE

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Stephen J. Foss Feel (Signature) Mai41#EV/1/344392US 14/05

CONFIRMATION NO.

ATTORNEY DOCKET NO.

| 10/081,166 | 10/081,166 02/22/2002 | | Shon D. Steger | | 5490-000127/CPC | 8434 |
|-----------------------|--|-------------|----------------------------|--|----------------------|---------------|
| TITLE OF INVENTION: N | METHOD AND APPARATUS | FOR BONE FR | ACTURE FIX | ATION | | |
| | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE F | EE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 |) | \$300 | \$1700 | 01/17/2006 |
| EXA | ART UNIT | | CLASS-SUBCLASS |] | • | |
| REIP, DA | 3733 | | 606-069000 | _ | | |
| CFR 1.363). | ce address or indication of "Fee dence address (or Change of C 22) attached. | ` | (1) the nam or agents O | ing on the patent front page, less of up to 3 registered pater, alternatively, | ent attorneys 1Harne | ess, Dickey & |

FIRST NAMED INVENTOR

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

| Walter Lorenz Surgical, Inc. | Jacksonville, FL | | | | | |
|---|---|--|--|--|--|--|
| Please check the appropriate assignee category or categories (will not b | e printed on the patent): 🔲 Individual 🛍 Corporation or other private group entity 🚨 Government | | | | | |
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| ☑ Issue Fee | A check in the amount of the fee(s) is enclosed. | | | | | |
| ☑ Publication Fee (No small entity discount permitted) | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - # of Copies | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number | | | | | |
| 5. Change in Entity Status (from status indicated above) | | | | | | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | |
| The Director of the USPTO is requested to apply the Issue Fee and Pub NOTE: The Issue Fee and Publication Fee (if required) will not be acce | lication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. pited from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in | | | | | |

December 14, 2005 **Authorized Signature** Date Stephen J. Foss Typed or printed name Registration No.

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